

NEAR MISS Reporting Form

Date of Incident:

Time of Incident:

Location:

Injuries?: Yes / No

Persons Involved in Near Miss Incident:

Other Witnesses

Names:

Contact Numbers:

Briefly describe what happened including the sequence of events. The Risk Manager and Safety Committee will investigate scene of incident or near miss; conditions present at time of incident; what was involved, what activity (if any) was taking place prior and at time of incident. What hazards was the worker exposed to? What hazards may have contributed to the incident occurring? (Attach photos if available)

Near Miss Incident # _____